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State/Province

CA

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Pleasanton

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Title of Inv	ention	EXPANDABL	E BODY	CAVIT	Y LINER (DEVICE					
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Address 2											
City Pleasanton State/Province CA											
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Mailing A	ddress of	Applicant:									
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State/Province

US

Country

Application Number

EXPANDABLE BODY CAVITY LINER DEVICE

1189 Chanterella Drive

94582

Application Data Sheet 37 CFR 1.76

San Ramon

Title of Invention Mailing Address of Applicant: Address 1

Address 2 City

Postal Code

01-0170 (US02)

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Title of the Invention	EXPANDABLE BO	DY CAVITY LINER	DEVICE			
Attorney Docket Number	01-0170 (US02)		Small Entity	Status Claimed		
Application Type	Nonprovisional					
Subject Matter	Utility					
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Application Data Sheet 37 CFR 1.76		Attorney Docket Number	01-0170 (US02)
Application ba	ta Sileet S7 Cl K 1.70	Application Number	
Title of Invention	EXPANDABLE BODY CAVIT	Y LINER DEVICE	

Domestic Benefit/National Stage Information:

This section allows for the applicant to either claim benefit under 35 U.S.C. 119(e), 120, 121, or 365(c) or indicate National Stage entry from a PCT application. Providing this information in the application data sheet constitutes the specific reference required by 35 U.S.C. 119(e) or 120, and 37 CER 1.78(a)(2) or CER 1.78(a)(4), and need not otherwise be made part of the specification.

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	Additional Domestic Benefit/National Stage Data may be generated within this form by selecting the Add button.							

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This section allows for the applicant to claim benefit of foreign priority and to identify any prior foreign application for which priority is not claimed. Providing this information in the application data sheet constitutes the claim for priority as required by 35 U.S.C. 119(b) and 37 CFR 1.55(a).

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If the Assignee is an O	rganization check here.	₹						
Organization Name Boston Scientific Scimed, Inc.								
Mailing Address Info	mation:							
Address 1 One Scimed Place								
Address 2								
City	Maple Grove	State/Province	MN					
Country i US		Postal Code	55311-1566					
Phone Number		Fax Number						
Email Address								

button. Signature:

Assignee 1

A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature.

Additional Assignee Data may be generated within this form by selecting the Add

Signature

/DavidBurse/

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Title of Invention EXPANDABLE BODY CAVIT			E BODY CAVIT	Y LINER DEVICE		
First Name David		Last Name	Burse	Registration Number	37104	

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